ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 49 | 2/26/01 |
| FORMALITY REVIEW | gm | TC86U | 3/9/01 |
| RESPONSE FORMALITY REVIEW | | | |

## INDEX OF CLAIMS

| | | | |
|---|---|---|---|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| – (Through numeral) | Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | | Date | Claim | | Date | Claim | | Date |
|---|---|---|---|---|---|---|---|---|
| Final | Original | | Final | Original | | Final | Original | |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)